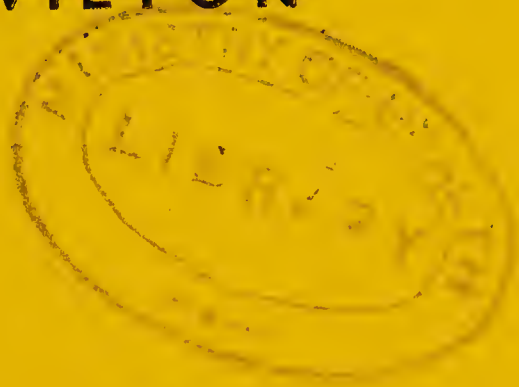


HEALTH  
A. - JAN 56  
CR 17



BOROUGH OF WILTON



*Annual Report of the  
Medical Officer of Health  
for the Year 1954*



# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

---

*To the Mayor, Aldermen and Councillors of the Borough of Wilton*

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Sanitary Inspector, for the year 1954.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

*Medical Officer of Health.*



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30247846>

## INTRODUCTORY SUMMARY

---

Attention is drawn to the following sections of the Report.

### **A. In the Vital Statistics Section.**

- (1) The sustained low death rate in the Borough (8·2 adjusted), which is only a little more than half the national average.
- (2) The high infant mortality rate (83·3 per 1,000 live births) in contrast to the “nil” Infant Mortality Rate last year, thus illustrating the big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (3) The “nil” Maternal Mortality Rate.
- (4) The “nil” Tuberculosis Mortality Rate.

### **B. In the Communicable Disease Section.**

- (1) The nil Tuberculosis Notification rate—even more satisfactory than the nil Tuberculosis Mortality Rate.
- (2) The absence of any notified communicable disease during the year except 11 cases of whooping cough.
- (3) The need for more, and earlier, diphtheria and smallpox immunisation of children.

### **C. Environmental Public Health and Food Hygiene.**

- (1) The satisfactory quality of the Borough's water supply.
- (2) The unsatisfactory condition of some of the Borough's old sewers, in which leaks, permitting inflow of subsoil water, have been discovered and rectified, but which still, at the end of the year, show on test that much subsoil water still penetrates the sewers.
- (3) The great need for more housing accommodation, as is also the case in the surrounding Rural District.





## STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health (since November, 1954) — F. John G. Lishman,  
M.D. (Hygiene), B.S. (London), D.P.H. (London).  
L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C.C.  
(Canada).

Sanitary Inspector ... J. W. Armstrong, M.R.S.I., M.S.I.A.

Clerk ... Miss P. Noble.

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under new arrangements he also acts as Assistant County Medical Officer of Health for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

---

## GENERAL STATISTICS

Area of Borough, in acres : 2,681.

Population—1951 Census : 3,054.

Population—Registrar General's Estimate for mid 1954 : 3,070.

Density of Population—people per acre : 1.15.

Number of inhabited houses or flats : 828.

Number of Council houses at the end of the year : 219.

Rateable Value : £17,670.

Product of a Penny Rate : £69 7s. 3d.

Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural Engineering.

## VITAL STATISTICS

TABLE I. BIRTHS AND BIRTHRATE

						Male	Female	Total
Live Births	Legitimate	..	..	..	..	18	26	44
	Illegitimate	..	..	..	..	3	1	4
Total						21	27	48
Still Births	Legitimate	..	..	..	..	0	0	0
	Illegitimate	..	..	..	..	0	0	0
Total						0	0	0

### Crude Live Birth Rate per 1,000 population.

Registrar General's "Comparability Factor" for births (to compensate for age and sex distribution of the local population, so that the rate may be compared with national and similarly adjusted local rates) .. .. . 0.95

Birth Rate as "Adjusted" by comparability Factor .. .. . 14.9

**Comment :** The adjusted Birth Rate shows an increase over that for 1953 (11.0)

The previous year's National Birth Rate was .. .. . 15.3

The previous year's Wiltshire County Birth Rate was .. .. . 16.4

TABLE II. DEATHS AND DEATH RATES

						Male	Female	Total
Number of Deaths	..	..	..	..	..	13	12	25
Crude Death Rate, per 1,000 population	..	..						8.1
Registrar General's Comparability Factor for deaths	..							0.98
(This indicates that the age distribution of the population is only very slightly more elderly than that for England and Wales)								
Death Rate as adjusted by Comparability Factor	..							8.2
Previous year's Death Rate for England and Wales, for comparison	..	..	..	..	..			14.1

**Comment :** The crude "adjusted" death rates for the Borough continue to compare very favourably with the National Rate (as represented by the previous year's figures).

### Natural Increase

Increase of births over deaths during the year .. .. . 2.3

Rate of Natural Increase per 1,000 population .. .. . 7.2



TABLE III. INFANT MORTALITY

**A. Infant Deaths.**

				Male	Female	Total
1. Under one year old—Legitimate	..	..	..	2	1	3
Illegitimate	..	..	..	1	0	1
Total	..	..	..	3	1	4
2. Under four weeks old—Legitimate	..	..	..	1	0	1
Illegitimate	..	..	..	0	0	0
Total	..	..	..	1	0	1

**B. Infant Mortality Rates** (per 1,000 live births)

General Infant Mortality Rate (under one year old)	..	..	..	83.3
Neonatal „ „ „ (under four weeks old	..	..	..	20.8
General Infant Mortality Rate, England and Wales, for comparison	..	..	..	25.5

**Previous year, for comparison**

General Infant Mortality Rate, Wilton	..	..	..	..	Nil
General Infant Mortality Rate, England and Wales	..	..	..	..	27.0
General Infant Mortality Rate, Wiltshire	..	..	..	..	24.1

**Comment on Table III.**

Last year the Borough had an Infant Mortality Rate of Nil, this year it was 83.3 per 1,000 live births. As pointed out in last year's report, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, and big annual fluctuations must be expected in a Borough of this size.

TABLE IV. CERTAIN "SPECIFIC" DEATH RATES OF INVERSE "HEALTH INDEX" INTEREST (Rates per 1,000 population, except for Maternal Mortality Rate)

(1) Deaths due to tuberculosis (all forms) (both sexes)	..	..	..	0
Tuberculosis Death Rate	..	..	..	0
Previous year, England and Wales for comparison	..	..	..	0.22
(2) Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	..	..	..	0
Maternal Mortality Rate—per 1,000 live and still births	..	..	..	0
Previous year, England and Wales for comparison	..	..	..	0.75
(3) Deaths from Cancer and related malignant diseases	..	..	..	4
Cancer Death Rate	..	..	..	1.3
(4) Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	12
Specific death rate from circulatory system	..	..	..	3.9
(5) Deaths from Accidents and Violence	..	..	..	2
Death Rate	..	..	..	0.65

**COMMENT**

These index rates must be regarded as very satisfactory, despite the small population figures from which they are calculated. The Tuberculosis and Maternal Mortality rates were both nil but the rate for "heart disease and other diseases of the circulatory system" constitutes half the total death rate of the Borough.

## ANALYSIS OF DEATH BY CAUSE

The Registrar General provides for each district each year an analysis of deaths, according to cause, broken down into thirty-six disease headings. These headings lend themselves to "grouping" the causes of death together into "families" or "types" of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this Borough into seven such groups, labelled "A" to "G", as set out on Table V.

TABLE V. ANALYSIS OF CAUSES OF DEATH

<b>Group A—Certain Communicable Diseases</b>					Male	Female	Total	Rate per 1,000
1.	Tuberculosis—Respiratory	..	..	..	0	0	0	0
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonia)	..	..	..	0	1	1	0·3
Total Group A					0	1	1	0·3
<b>Group B—Cancer and related malignant diseases</b>								
10.	Malignant Neoplasm—Stomach	..	..	..	0	0	0	
11.	—Lung or Bronchus	..	..	..	1	0	1	
12.	—Breast	..	..	..	0	0	0	
13.	—Uterus	..	..	..	0	0	0	
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	1	2	3	
15.	Leukaemia or Aluekaemia	..	..	..	0	0	0	
Total Group B					2	2	4	1·3
<b>Group C—16 Diabetes</b>					1	0	1	0·3
<b>Group D—Heart and other Diseases of Circulatory System</b>								
17.	Vascular Lesions of Nervous System	..	..	..	1	3	4	
18.	Coronary Disease or Angina	..	..	..	2	1	3	
19.	Hypertension with Heart Disease	..	..	..	0	0	0	
20.	Other Heart Diseases	..	..	..	2	2	4	
21.	Other Circulatory Diseases	..	..	..	0	1	1	
Total Group D					5	7	12	3·9

Group E—Respiratory Diseases (other than tuberculosis)						Male	Female	Total	Rate per 1,000
22. Influenza	..	..	..	..	..	0	0	0	
23. Pneumonia	..	..	..	..	..	0	0	0	
24. Bronchitis	..	..	..	..	..	1	0	1	
25. Other Diseases of Respiratory System	..				..	0	0	0	
Total Group E						1	0	1	0.3

#### Group F—(Miscellaneous)

26. Ulcer of Stomach and Duodenum	..	..	..	..	..	0	0	0	
27. Gastritis, Enteritis and Diarrhoea	..	..	..	..	..	0	0	0	
28. Nephritis and Nephrosis	..	..	..	..	..	0	0	0	
29. Hyperplasia of prostate	..	..	..	..	..	0	0	0	
30. Pregnancy, Childbirth, Abortion	..	..	..	..	..	0	0	0	
31. Congenital Malformation	..	..	..	..	..	0	0	0	
32. Other Defined and Ill-Defined Diseases	..				..	3	1	4	
Total Group F						3	1	4	1.3

#### Group G—Accidents and Violence

						Male	Female	Total	Rate per 1,000
33. Motor Vehicle Accidents	..	..	..	..	..	1	0	1	
34. All other Accidents	..	..	..	..	..	0	0	0	
35. Suicide	..	..	..	..	..	0	1	1	
36. Homicide and operations of War	..	..	..	..	..	0	0	0	
Total Group G						1	1	2	0.65
37. All Causes	..	..	..	..	..	13	12	25	8.1



## COMMUNICABLE DISEASES.

### A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the pointers towards health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, and Diphtheria immunisation either by the "Family Doctors" or by the County Council's Medical Officers of Health at Welfare Clinics or at specially held immunisation clinics, usually arranged at schools. Whooping cough and tetanus protection was, during 1954, available only through the family doctors, but it is understood that whooping cough protection will be available through the County Council clinics sometime during 1955. In this area all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria and against smallpox, in Wilton.

TABLE VI. IMMUNISATION STATISTICS

#### Diphtheria

Age Group	Under 1	1	2	3	4	5-9	10-14	Total under 15
Primary imms. completed during 1954 .. .. .	6	13	2	2	1	0	0	24
Reinf. inj.s. administered during 1954 .. .. .						20	19	39
Total immunised child population 31st December, 1954 ..	—	13	18	33	37	31* 151†	32* 126†	441

\* Immunised before 31.12.49 and not since.

† immunised after 1.1. 50.

#### Smallpox

Age Group	Under 1	1	2-4	5-14	15 or over
"Vaccinations" ..	11	0	0	0	4
Re-"vaccinations" ..	0	0	0	4	3



## COMMENT :

In this country in a population of average age distribution and average birth and death rates about 1/5th of the population will be under 15 (aged—0—14) years old. Wilton's birth rate is about average; the death rate is much below the national death rate, but it is reasonable to assume that there are about 600 children under 15 in the Borough, so the figure of 441 children under 14 who at some period of their lives have been immunised against Diphtheria is fair, though it should be nearer the 100%. Too few of the children are being immunised early enough however. Only 6 children had these injections completed before they were one year old, and only 24 children under 5 had primary protection, during the year. The advent and increasing popularity of whooping cough immunisation combined with diphtheria and sometimes tetanus immunisations should result in earlier protection against diphtheria. Since to be of maximum value in very early life, when whooping cough is most dangerous, the immunisation should be begun when the child is about three months old.

**Table VI** also shows a rather poor position for smallpox immunisations ("Vaccinations") for only 11 children under one year were "vaccinated", and the total vaccinations and re-vaccinations added together for all other ages, only amounted to another 11. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this Borough is disturbing. It could be less so if the same requirements in regard to vaccination or re-vaccination against smallpox, before making the journey, as applied before entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics for this work are not at present available for the Borough.

### **B. Incidence of Communicable Diseases.**

The communicable diseases for which statistics are available comprises these diseases which are compulsorily "notifiable", under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the Borough during the year is shown in Table VII.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health, and facilitates record keeping from year to year, but for Wilton, fortunately, the figures for 1954 are nil for all the notifiable diseases except whooping cough, of which 11 (8 male and 3 female) cases were notified. Such remarkable freedom from notifiable communicable disease can hardly be expected to be repeated for a long time.



TABLE VII. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

	(sub)	(main disease)	Group Total
<b>1. Tuberculosis</b>			
(a) Respiratory .. .. .	0		
(b) Meninges and nervous system .. .. .	0		
(c) Other Forms .. .. .	0		
(d) Group Total.. .. .		0	0
<b>2. Other Respiratory Notifiable Diseases</b>			
(a) Whooping Cough .. .. .		11	
(b) Pneumonia, Acute .. .. .		0	
(c) Group Total .. .. .			11
<b>3. Diphtheria</b> .. .. .	0	0	0
<b>4. Meningococcal Infection</b> .. .. .	0	0	0
<b>5. Virus Diseases of Nervous System</b>			
(a) Poliomyelitis—Paralytic .. .. .	0		
(b) Poliomyelitis—Non Paralytic .. .. .	0		
(c) Total .. .. .	0	0	
(d) Encephalitis—Infective .. .. .	0		
(e) —(Post Infectious) .. .. .	0		
(f) Total .. .. .		0	
(g) Group Total.. .. .			0
<b>6. Other Notifiable Virus Diseases</b>			
(a) Measles (excluding Rubella) .. .. .		0	
(b) Smallpox .. .. .		0	
(c) Group Total.. .. .			0
<b>7. Alimentary Infections or Poisons</b>			
(a) Dysentery—Bacterial .. .. .	0		
(b) —Other .. .. .	0		
(c) Total .. .. .		0	
(d) Typhoid Fever .. .. .	0		
(e) Paratyphoid Fever .. .. .	0		
(f) Food Poisoning .. .. .	0		
(g) Group Total.. .. .			0
<b>8. Streptococcal Group</b>			
(a) Scarlet Fever .. .. .	0		
(b) Erysipelas .. .. .	0		
(c) Group Total.. .. .			0
<b>9. Miscellaneous Groups</b>			
(a) Puerperal Pyrexia .. .. .	0		
(b) Ophthalmia Neonatorum .. .. .	0		
(c) Other Notifiable Diseases .. .. .	0		
(d) Group Total.. .. .			0
<b>10. All "Notifiable Diseases" Total</b> .. .. .			11

*Footnote* — It is important to note that certain common communicable diseases such as influenza and mumps are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

## PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other "personal" health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Welfare Clinics and the School Health Service with its specialised appendages such as Speech Therapy and Child Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-care" service, which is largely concerned with tuberculous people, their families and other contacts.

Until November, 1954, your Medical Officer of Health was not associated with these services, but with my appointment the Medical Officer of Health spends nearly half his time working for the County Council, principally with the School Health Service, also at the Child Welfare Centres and at Immunisation Clinics. The Wilton Child Welfare Centre is however conducted by Dr. S. C. H. Lane in his own surgery. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and the County Medical Officer of Health for Wiltshire.

## HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service.

## SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

During the year recommendations were made for certain improvements at the Wilton Secondary Modern School. Lately, improvements to the dishwashing arrangements for School Meals at the Primary school have also been recommended.

## HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Local Authority has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but in the Borough only one such case came to attention, and in her case conditions did not justify compulsory removal from home.



## **Environmental Public Health, and Food.**

This is probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of human body wastes (drainage, sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, mice, rats and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the report of your Sanitary Inspector, Mr. J. Armstrong, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

### **A. Housing**

Within the scope of geography, climate and type of locality (e.g. agricultural versus industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding of sleeping or day rooms, living with "in-laws", adjacent to noisy neighbours, etc., so often seem to be at the back of people's health problems, much of which could be alleviated if their housing problems could be solved by, or for, more people. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Not all people living in unsuitable "accommodation" apply for Council Houses. But in December 1954 there were 216 applications on the waiting list.

### **B. Water Supply**

The Borough's water supply, from the prolific well source at Water Ditchampton, has been of consistently good quality, and during the year was only given minimum chlorination. At the time of writing this report however the question of quantity, for supplying imminent housing development, public and private, on the southern fringe of the Borough, and the means of piping the water from the present source or from a proposed additional (borehole) source further South, was under consideration. The fluorine content of the water, because of its importance as a means of strengthening young, growing teeth against the onslaught of dental decay, both in early and later life, is also to be studied, and the water will be sampled for fluoride analysis periodically. (The first sample for fluoride analysis was actually taken early in February, 1955, with a result of 0.4 parts per million).

### **C. Sewage**

The condition of some of the Borough's old sewers is poor. Sub-soil water enters through leaks and greatly swells the volume of sewage, causing difficulty at the Salisbury City Sewage Works, which receive and treat the sewage. Your Sanitary Inspector, Mr. Armstrong, and his assistants, have spent a great deal of time, sometimes at night, in carrying out tests to discover the leaks, and have found several large leaks due to defective laying and jointing of the old sewers; but by the end of the year, tests still showed much infiltration into the sewers when the level of subsoil water is high, and much work still remains to be done.

*Annual Report of  
The Sanitary Inspector  
for the Year 1954*



## HOUSING

Sixteen houses were completed upon the Grovely Down Estate during the year, and in addition one private house.

### Housing Statistics

1.	<i>Number of new houses and flats erected</i>	
(a)	By the Local Authority .. .. .	6
(b)	By Private Enterprise .. .. .	1
2.	<i>Inspection of Dwellings during the year</i>	
(i)	Inspected for housing defects under the Public Health Acts ..	11
(ii)	Inspected for housing defects under the Housing Acts ..	9
	Total (i) and (ii) .. .. .	20
(iii)	Number of dwellings found not to be fit in all respects for human habitation .. .. .	18
(iv)	Number of dwellings found so dangerous or injurious to health as to be unfit for human habitation .. .. .	None
3.	<i>Remedy of defects by Informal Action</i>	
	Number of dwellings rendered fit in consequence of informal action .. .. .	12
4.	<i>Action under Statutory Powers (Public Health and Housing Acts)</i>	
A.	<i>Proceedings under Sections 9, 10 and 16, Housing Act, 1936.</i>	
(1)	Number of dwellings in respect of which notices were served requiring defects to be remedied .. .. .	4
(2)	Number of dwellings rendered fit after service of formal notices :—	
(a)	By owners .. .. .	4
(b)	By Local Authority in default of owners .. .. .	—
B.	<i>Proceedings under Public Health Acts.</i>	
(i)	Number of dwellings in respect of which formal notices were served .. .. .	2
(b)	Number of dwellings rendered fit after service of formal notices :—	
(a)	By Owners .. .. .	2
(b)	By Local Authority in default of owners .. .. .	—
C.	<i>Proceedings under Sections 11 and 13, Housing Act, 1936.</i>	
(i)	Number of Demolition Orders made .. .. .	—
(ii)	Number of houses demolished as a result of Demolition Orders .. .. .	—
(iii)	Number of undertakings accepted .. .. .	—
(iv)	Number of undertakings completed .. .. .	—
D.	<i>Proceedings under Sections 25 and 26, Housing Act, 1936.</i>	
(i)	Number of houses in respect of which Demolition Orders were served .. .. .	—
(ii)	Number of houses demolished in pursuance of Demolition Orders .. .. .	—



E. *Closing Orders — Proceedings taken under Section 12, Housing Act, 1936, and Section 10, Local Government (Miscellaneous Provisions) Act, 1937.*

(i)	Number of separate tenements or underground rooms in respect of which closing orders were made .. .. .	None
(ii)	Number of separate tenements or underground rooms in respect of which closing orders were cancelled as a result of premises having been made fit .. .. .	None
(iii)	Number of whole houses for which closing orders were made	None
(iv)	Number of whole houses for which closing orders were cancelled .. .. .	None

5. *Housing Act, 1936, Part iv, Overcrowding.*

(i)	Number of cases of overcrowded dwellings at end of year ..	None
(ii)	Number of cases discovered during the year .. ..	None
(iii)	Number of cases abated during the year .. ..	None

6. *Improvements—Housing Act, 1949, Section 20.*

(i)	Number of houses for which application for grant was received during the year .. .. .	None
(ii)	Number of houses for which grants were approved during the year	None
(iii)	Number of houses for which applications were refused during the year .. .. .	None
(iv)	Number of houses for which applications are still under consideration at end of year .. .. .	None
(v)	Number of houses for which applications for grants were withdrawn .. .. .	None

7. *Section 2, Housing Act, 1949.*

Demolition Order on 5 properties squashed.

## Nuisances

### Public Health Acts

Number of Statutory Notices served during the year .. .. Nil

## Water Supply

The water supply has proved adequate to meet all demands during the year. The source is a shallow well, situated at Ditchampton, from which it is pumped to a covered service reservoir. The supply is treated by the Chloramine process in the rising main at the pumping station.

Of the 816 houses, 788 have a piped supply from the public mains, 20 have a piped supply from the Wilton Estate, and 5 have a piped supply from two wells, and 2 obtain water by hand from wells, which were adequate during the year.

### Bacteriological Analysis of water.

Monthly samples were taken of water, both before and after treatment. In one case of untreated water there was a very small degree of pollution with non-faecal coli. In every other case the report was satisfactory.

### Chemical Analysis.

One sample was taken for chemical analysis and the report was satisfactory.

## Sewerage and Sewage Disposal

All the houses within the built up area of the Borough are now connected to the sewage system, which discharges into sewers of Salisbury City who accept and treat the effluent at their works.

Repairs were carried out to the defective lengths of sewers which had previously been located. In each case the defect was due to faulty jointing when the sewer was laid. Tests still show considerable infiltration during high subsoil water level periods.

## Refuse Collection and Disposal

There is a weekly collection of refuse from all houses in the Borough, undertaken by a private contractor. Very few complaints are received as to the manner in which the work is carried out.

**Disposal.** All refuse is deposited at the Salisbury City dump.

## Rodent Control

Regular surveys of properties and investigation of all complaints by the Rodent Operator has produced excellent results.

Briefly the work carried out was as follows :—

		Domestic	Business	Farms
Number of properties surveyed	..	.. 213	38	7
Treatments carried out	.. ..	.. 31	5	—

There was no evidence of infestation the annual sewer test.

## Inspection and Supervision of Food

### a. Meat at Slaughterhouses.

One premises was licensed but no slaughtering has taken place.

### b. Milk Supply.

No complaints from consumers have been received. The bottles inspected were quite satisfactory. All of the milk sold is pasteurised, with four retailers serving the area.

Following are the various licensees :—

Premises used as a dairy	.. ..	1
Persons registered as distributors of raw milk	.. ..	0
Persons registered as distributors of designated raw milk		0
Persons registered as distributors of pasteurised milk	..	4

### c. Ice Cream.

Number of premises registered for the sale of ice cream .. 13

There are no ice cream factories in the area.

### d. Food Preparing Premises.

These premises have been visited, and in one case a complete modernisation scheme has been carried out. Others have made necessary improvements.

## PUBLIC HEALTH AMENDMENT ACT, 1907.

One premises registered as a dealer in old metals and marine stores.



# **FACTORIES ACT, 1937 AND 1948**

## **Part 1 of the Act.**

### **A. FACTORIES.**

<b>Inspections</b>		No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
Premises					
Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities .. .. .	(Factories without mechanical power)	2	2	—	—
Factories not included in 1 in which only Section 7 (Sanitary conveniences) is enforced by the Local Authority	(Factories with mechanical power)	20	14	2	—
Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding outworker's premises) ..		—	—	—	—
<b>Total .. ..</b>		<b>22</b>	<b>16</b>	<b>2</b>	<b>—</b>

### **Cases in which Defects were Found**

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness ..	1	1	—	—	—
Overcrowding .. ..	—	—	—	—	—
Inadequate Ventilation ..	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or de- fective .. ..	1	1	—	—	—
(c) No separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
<b>Total .. ..</b>		<b>2</b>	<b>2</b>		

### **Outworkers**

Nature of Work	Section 110		
	No. of outworkers in August list re- quired by Sect. 110 (1) (c) (3)	No. of cases of default in send- ing lists of the Council	No. of prosecutions for failure to supply lists
Wearing Apperal			
Making etc. .. ..	1	—	—
Cleaning and washing .. ..			
<b>Total .. ..</b>		<b>1</b>	<b>—</b>







